

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | IMPROVEMENT OF INTRA-VENOUS (I.V.) BLOOD CATHETER FOR SUBCUTANEOUS INFUSION OF LIQUIDS AND/OR DRUGS |
| Attorney Docket Number:: | 2507-1062 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 5 |
| Small Entity?:: | Yes |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | Yes |
| Petition Type:: | 37 CFR 1.137(B) |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: LEONARDO
Middle Name::
Family Name:: TERZOLI
Name Suffix::
City of Residence:: ROME
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA DIEGO ANGELI 95
Address::
City of Mailing Address:: ROME
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-00159

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

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|-------------------------|-------|
| Representative Customer | 00466 |
| Number:: | |

Domestic Priority Information

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|------------------|----------------------|-------------------------|-------------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This application | National Stage of | PCT/IT02/00097 | 2/19/02 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| | | | |
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Assignment Information

Assignee Name:: ANTEA ASSOCIAZIONE

Street of Mailing VIA PIENZA, 281/283

Address::

City of Mailing Address:: ROME

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-00138